*This template is for assent of children 7 – 10 years of age.*

*A parent consent must be completed in addition to the assent unless the IRB has granted a waiver of parental consent.*

**Instructions**

To stand out both on your computer screen and in black/white copies, instructions are in bold, italic, and blue type.

Instructions are in boxes and will be deleted in final consent.

**IRB-required template language is in black type and should not be changed.**

Sample language, which can be used, modified, or deleted as appropriate for your project, is in blue type. **Please maintain the blue color to distinguish your project-specific information from the required template language.**

**Campbell University**

**ASSENT TO PARTICIPATE IN RESEARCH**

<Project Title>

I am [provide your full name] from and I [work OR go to school] at Campbell University. I am doing a study to figure out [insert your topic]. I am asking you to take part in the research study because [insert reason].

Your [parent(s)/guardian] knows about this project, and gave permission for you to be involved. For this research, I will ask you to [describe what the child will be asked to do in simple language that is appropriate to the child’s age and maturity. If the child will be asked to do several things, describe each on in the sequence the child will experience. Explain how long each activity will last. If you are planning to audio record or video record, you should mention it here].

I will keep all your answers private, and will not show them to your [teacher or parent(s)/guardian]. Only people from Campbell University working on the study will see them. [If this is not an accurate description of the used of their information, insert other description as applicable]

[Describe direct benefits if applicable or] Taking part in this this study may not help you, but it will help me learn [explain what the researcher will gain from this study in simple language].

You should know that:

* You do not have to be in this study if you do not want to. You won’t get into any trouble with [Campbell University, your teacher, or the school] if you say no.
* You may stop being in the study at any time. [if there is a question you don’t want to answer, just leave it blank.]
* Your parent(s)/legal guardian(s) were asked if it is OK for you to be in this study. Even if they say it’s OK, it is still your choice whether or not to take part.
* You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact me at [proved contact information for researcher(s), faculty advisor and IRB office].

**Sign this form only if you:**

* Have understood what you will be doing for this study;
* Have had all your questions answered;
* Have talked to your parent(s)/guardian about this study, and
* Agree to take part in this research.

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Your Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s) or Legal Guardian(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher explaining study Printed Name Date

Signature